Atty. Dkt. No. 059691-0115

RK OFFICE STORY

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Robert R. MINNER et al.

Title: GLASS LID

Appl. No.: Unknown

Filing Date: 03/18/2004

Examiner: Unknown

Art Unit: Unknown

UTILITY PATENT APPLICATION TRANSMITTAL

Mail Stop PATENT APPLICATION Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Robert R. Minner

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Daniel J. Taylor

Daniel T. Saunders

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Enclosed are:

- [X] Application Data Sheet (37 CFR 1.76) (5 pages).
- [X] Specification, Claim(s), and Abstract (9 pages).
- [X] Formal drawings (6 sheets, Figures 1, 2, 3, 4, 5, 6, 7, and 8).
- [X] Declaration and Power of Attorney (4 pages).
- [X] Assignment Recordation Cover Sheet (1 page).
- [X] Assignment of the invention to Anchor Hocking Inc. (3 pages).
- [X] Information Disclosure Statement (3 pages).
- [X] Form PTO/SB/08 (1 page).

The filing fee is calculated below:

·	Claims		Included		Extra		Rate		Fee
	as Filed		in		Claims				Totals
			Basic Fee						
Basic Fee							\$770.00	=	\$770.00
Total	20	-	20	=	0	X	\$18.00	=	\$0.00
Claims:									
Independents	4	-	3	=	1	x	\$86.00	=	\$86.00
:									
If any Multiple	e Depender	t Cla	im(s) prese	ent:		+	\$290.00	=	\$0.00
Assignment Recordation Fee:							=	\$40.00	
							SUBTOTAL:	=	\$906.00
[]		Sm	all Entity F	rees	Apply (subtra	ct ½ of above):	=	\$0.00
					T	OTAI	FILING FEE:		\$906.00

[X] Check No. 34792 in the amount of \$906.00 to cover the filing, excess claim, and assignment recordation fee is enclosed.

[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

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